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Idaho WITS

RSS Stand Alone Agency & User Set Up Instruction Packet

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Idaho WITS

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Policies and Procedures for All RSS Agencies Accessing the WITS Production Sites

Purpose:

To establish Guidelines and methods for WITS Users to access the WITS Production Sites within the permissions parameters for which they have been authorized.

Policy:

Processes of entering and sharing, identifying, descriptive, and/or diagnostic data, regarding individuals whose personal information has been entered into WITS must meet confidentiality requirements of both HIPAA Law and CFR42. Only those persons meeting requirements, as determined by his/her proscribed role(s) and qualifications, may be granted specific permissions to access WITS.

Procedure:

Each Agency will receive a packet containing information, instructions, and forms from DHW. Each Agency will identify those staff, who by virtue of his/her role within the respective agency, will be recommended to have access to WITS Productions Sites. Each Agency will complete and email all forms to the WITS Help Desk per the instructions.

The WITS Help Desk will review documentation for completeness of required information and appropriateness of recommended permissions to access the production sites. The WITS Help Desk will place incomplete paperwork on hold and notify the Agency of corrective action required. The WITS Help Desk will will create agencies and users in WITS and will issue passwords and pins allowing authorized users access production sites.

Agencies will use the WITS Security Access Forms to notify the WITS Help Desk within 24 hours of any decision to request: editing or changing permission level of current users, or revoking permissions of current users. This will allow the WITS Help Desk to better support Agency efforts and in the case of some revocations, ensure compliance with confidentiality requirements of HIPAA Law and CFR 42.

*Agency: The following entities are defined as an Agency for purposes of accessing WITS: DHW, DOC, DJC, BPA, Private Contracted Network Providers, Counties.

Idaho WITS Agency Set Up Checklist

The following Checklist and forms are used to set the agency up in WITS. There is a separate Checklist and forms for setting up individual users.

	 WITS Agency Set-up Submit one signed WITS Agency Set-Up form for the agency. 	
	 WITS Facility Set-up Submit one WITS Facility Set-Up form for each physical location. 	
Problem Solving Questions regarding forms, the status of submitted paperwork or technical problems and password resets should be directed to the WITS Help Desk at 208-332-7316 or dbhwitshd@dhw.idaho.gov .		

Submit forms via Email to the WITS Help Desk: dbhwitshd@dhw.idaho.gov

WITS Agency Set-Up

If you have any questions about this form, please contact the WITS Helpdesk at: dbhwitshd@dhw.idaho.gov or call 208-332-7316.

Complete **one** WITS Agency Set-Up Form for the Agency. There is a separate form for each facility to be set up under the Agency.

Agency Name			
Main Office Physical Address			
Mailing Address (if different)			
City	State	Zip	
Contact Name		Phone Number	
Email			
Help Desk service is not sold providers, without representation advice and assistance give advise to be inappropriate or help resolve WITS issues; hor responsibility for any loss that information imparted by the Venvironment. The Department persons or entity with respect either directly or indirectly by	but rather is provided ation or warranty of any ten to providers where incorrect. Any provided wever the Department to may be suffered by a VITS Help Desk to make and WITS Help Desk to any liability, loss or WITS or the WITS He from any form of abuse	acknowledges and accepts that the vas a free service for the convenience kind, and as such no liability will be to providers or representatives deem the ris welcome to use the WITS Help Desk accepts not and the WITS Help Desk accepts not any provider who relies totally or partial ke the service workable in the provided will not be liable to you or any other redamage caused or alleged to be caused to be caused by withdrawing the WITS Help Desk of Department management.	e of our taken at Desk to Desk to Desk to Desk to Used Used e right
Agency Authorized Agent		 Date	

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WITS Facility Set-Up

If you have any questions about this form, please contact the WITS Helpdesk at: dbhwitshd@dhw.idaho.gov or call 208-332-7316.

Complete one WITS Facility Set-up Form per physical location.

Agency and Facility Name _				
Physical Address				
Mailing Address (if different) _				
City	State	Zip		
Contact Name		Phone Number		
Email				

WITS User Checklist

The following Checklist and forms are used to set up individual users in WITS.

	 WITS Security Access Form Submit a signed WITS Security Access Form for each user to the WITS Help Desk. 	
	 WITS User Agreement Submit a signed WITS User Agreement for each user to the WITS Help Desk. 	
Removing Access Agencies are responsible to notify the WITS Help Desk of any termination of employment so that timely termination of access to the WITS system can be completed. Agencys will submit the WITS Security Access Form to notify the WITS Help Desk within 24 hours of any decision to request the revocation permissions of current users.		
Problem Solving		
Questions regarding forms, the status of submitted paperwork or technical problems and password resets		

Submit the completed form(s) to the WITS Helpdesk at: DBHWITSHD@dhw.idaho.gov.

should be directed to the WITS Help Desk at 208-332-7316 or dbhwitshd@dhw.idaho.gov

RSS Stand Alone Agency

WITS Security Access Form

If you have any questions about this form, please e-mail the WITS Helpdesk at:

DBHWITSHD@dhw.idaho.gov or call 208-332-7316.

According to HIPAA guidelines, a person should only have enough access necessary to perform his/her job.

Plea	ase check one of the fo	llowing: ☐ New User ☐ Edit Pe	ermissions
Agenc	y Name		
Physic	al Address		
City _		State Zip	
First N	ame	MI La	st Name
Phone	Number	User Email	
Job Ti	tle	Supervisor	
	es the individual will need		e agency. Otherwise, please list the
Individ	ual will need the followin	g permissions (please select one):	
J	ob Description	Standard Job Function Roles	Standard Role Attributes (In addition to Job Function Roles)
	Clinical Staff/Case Manager	Clinical (Full Access)	Authorization (Read-Only) Client Diagnosis Manage staff schedules (Read-Only) Release to billing
	Clinical Supervisor	Clinical (Full Access)	Authorization (Read-Only) Client Diagnosis Manage staff schedules Release to billing
	Non-Clinical Staff (Office staff)	Clinical (Read-Only)	Authorization (Read-Only) Client Profile (Full Access) Intake (Full Access) Manage staff schedules Non-Treatment Team Access Notes (Full Access)
	Staff Accepting Referrals and Authorizations	Clinical (Full Access) Clinical Supervisor	Authorization (Full Access) Manage staff schedules (Read-Only)

Additional Job Function Roles and Role Attributes outside of standard role access must be approved by the IDHW WITS Administrators.		
Additional Role Attributes		
Admission (Full Access) – Access to enter admission information. Authorizations (Full Access) – Access to accept/reject authorizations from other agencies in WITS. Client Diagnosis – Access to enter a diagnosis on the admission screen. Consent (Full Access) – Access for non-clinical staff to accept/reject consented information from other agencies. Drug Testing (Full Access) – Access to enter drug testing results. Drug Testing (Read-Only) – Access to view drug testing results. Group Notes – (Add Group) – Access to enter new groups. Human Resources (Full Access) – Access to enter staff profiles and staff information. Human Resources (Read-Only) – Access to view staff profiles and staff information. Manage Staff Schedules – Access to enter and view appointments for all active agency staff. Notes (Full Access) – Access to enter and view miscellaneous notes. Referrals (Full Access) – Access to accept/reject referrals from other agencies in WITS Release to Billing – Access to release encounter notes. Reset Logon – Access to enable accounts, reset passwords and pins, and unlock staff accounts. TxEncounter (Full Access) – Access to enter encounter notes (billable notes).		
Justification:		
The signature below serves as a record that I have reviewed this request and approve of the requested WITS security access. Agency WITS Administrator Signature/Other Appropriate Staff Date		
Agency with Auministrator Signature/Other Appropriate Stair Date		

Submit the completed form(s) to the WITS Helpdesk at: <u>DBHWITSHD@dhw.idaho.gov</u>.

IDAHO WITS USER AGREEMENT

Substance Use Disorders Program

I,	, employed t		
		Agency Name	
	rsons who have applied for, ha	abase is confidential. I agree i ave received or who are receiv	
WITS system for which I concerning a recipient of	have been authorized. I unde	n in the performance of activition in the performance of activition of the purpose other than the activition of the purpose	of any information
	that I will only be given acces	S site for those specific functions to information for which I have	
unauthorized access. Th security information. The displays, networks and h seen by anyone other that	ey are to be used only by me refore, I agree to (a) limit unau ealth-care records; (b) position	word are confidential and must and I am prohibited from shari uthorized physical access to co n monitors and keyboards so t ate, program workstations to di	ng my individual omputer systems, hey are not easily
Department of Health an service is provided witho for advice and assistance inappropriate or incorrect however the Department suffered by any user who make the service work not be liable to you or an alleged to be caused eith reserves the right to prot	d Welfare as a free service for ut representation or warranty of e given to me where I or my re t. I am welcome to use the Ida and WITS Helpdesk accepts or relies totally or partially on in table in the providers' environry of other persons or entity with her directly or indirectly by WIT	ITS will be provided through the users. I acknowledge and according any kind, and as such no liable presentatives deem that advise the WITS helpdesk to help resonoresponsibility for any loss the formation imparted by the Idal ment. The Department and Wirespect to any liability, loss or TS or the WITS helpdesk. The y form of abuse by withdrawing epartment management.	cept that Helpdesk bility will be taken se to be colve WITS issues; hat may be no WITS helpdesk TS helpdesk will damage caused or Department
agree to abide by it. I also of my access to Idaho W	so understand that any violation ITS. Furthermore, I understan	ad this entire nondisclosure agon of this agreement may resuled that criminal prosecution mater anyone who is unauthorized,	t in the revocation y be undertaken if
Print Name			
Signature		Date	-